



16138 U.S. PTO

031704

PATENT

Docket No. BL-4 NPROVCustomer No. 2685722859 U.S. PTO  
10/803574

Commissioner for Patents

P.O. Box 1450, Alexandria, VA 22313-1450

## NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s):

Luiz B. Da Silva

For (title): OPTICAL BIOPSY SYSTEM WITH SINGLE USE NEEDLE PROBE

## 1. Type of Application

☐ This new application is for an original patent.☐ This new application is a:☐ Division☐ Continuation☐ Continuation-in-part (CIP)

## 2. Benefit of Prior U.S. Application(s) (35 USC 120)

☐ The new application being transmitted claims the benefit of prior U.S. application(s) listed below:

Application Serial No.

Filing Date

3. ☐ Benefit under 35 U.S.C. 119(e) of United States provisional application(s) listed below: 60/455,536 March 17, 2003

Application Serial No.

Filing Date

## 4. Papers enclosed which are required for filing Date Under 37 CFR 1.53(b).

14 Pages of specification1 Pages of claims1 Pages of abstract6 Sheets of drawings☐ formal

## 5. Additional papers enclosed

☐ Preliminary Amendment☐ Information Disclosure Statement☐ Form PTO-1449

**6. Declaration or oath**

- ☐ Enclosed and executed by
- ☐ All the inventors
  - ☐ legal representative of inventor(s) 37 CFR 1.42 or 1.43
- ☒ Not Enclosed

**7. Assignment**

- ☐ An assignment of the invention to \_\_\_\_\_
- ☐ Is enclosed
  - ☐ will follow

**8. Certified Copy**

Certified copy(ies) of application(s)

(country)	(application no.)	(filed)
(country)	(application no.)	(filed)

from which priority is claimed

- ☐ is(are) attached.
- ☐ will follow

**9. Fee Calculation**

CLAIMS AS FILED					
Type of Claim	Number Filed	Included in Basic Fee	Number Extra	Rate	Total Fee
Total Claims	1	-20 =		x \$18 =	\$ 0.00
Independent Claims	1	-3 =	0	x \$86 =	\$ 0.00
				Multiple Claims	= \$
				Basic Filing Fee	= \$ 770.00
				<b>Total</b>	<b>= \$ 770.00</b>

**10. Small Entity Statement(s)**

- ☒ This is a filing by small entity under 37 CFR 1.9 and 1.27.

Filing Fee Calculation (50% of regular filing fee) \$ 385.00

**11. Fee Payment**

- ☐ Not Enclosed  
☒ Enclosed

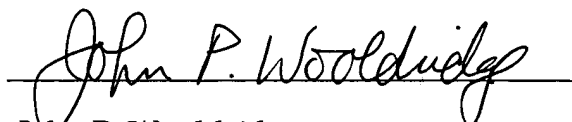
**Total Basic Filing Fees To Be Paid** \$ 385.00

**12. Method of Payment of Fees**

- ☐ Check in the Amount of .00  
☒ Authorization is hereby \$385.00  
given to deduct the total  
fee from Deposit Account  
501913  
A duplicate of this transmittal is attached.

**13. Instructions As To Overpayment/Underpayment**

- ☒ credit/charge  
Account No. 501913  
☐ refund



John P. Wooldridge

ATTORNEY

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Dated: March 17, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Luiz B. Da Silva

Docket No. : BL-4 NPROV

Serial No. :

Art Unit:

Filed :

Examiner:

For : Optical Biopsy System With Single Use Needle Probe

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

EXPRESS MAIL CERTIFICATE

"Express Mail" label number EV424774010US

Date of Deposit March 17, 2004

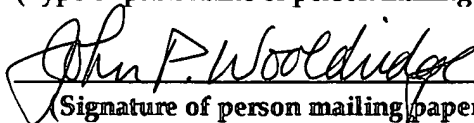
I hereby certify that the following *attached*

1. New Application Transmittal (in duplicate);
2. Application:  
(Specification 14 pages, Claims 1 pages, Abstract 1 page,  
Six (6) sheets of drawings;
3. Express Mail Certificate; and
4. Return postcard,

are being deposited with the United States Postal Service "Express Mail Post Office to addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

John P. Wooldridge

(Type or print name of person mailing paper)

  
(Signature of person mailing paper or fee)

**OPTICAL BIOPSY SYSTEM WITH SINGLE USE NEEDLE PROBE**

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